

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014072

STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 195 Primary Registration District No. Registrar's No. 39-59

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rocky Comfort,		c. CITY OR TOWN Bethpage Community	
c. FULL NAME OF (If NOT in hospital, give location) at home		d. STREET ADDRESS Rt.	
3. NAME OF DECEASED (Type or print) First Myrtle Middle M. Last Beaver		4. DATE OF DEATH Month April Day 23 Year 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 27 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		11. BIRTHPLACE (City and state or country) Jasper, Missouri	
13a. FATHER'S NAME Emerson Ellis		13b. MOTHER'S MAIDEN NAME Sarah Fisher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or unknown) none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Geroge Beaver		Address Rocky Comfort	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) medullary Failure DUE TO (b) HYPERPYREXIA DUE TO (c) BRONCHOPNEUMONIA 0851 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rubeola			INTERVAL BETWEEN ONSET AND DEATH 3 days 3 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour, Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 4-22-59 to 4-22-59 and last saw her alive on 4-22-59 Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. R. Holman 20.		22b. ADDRESS Stella, Mo.	
22c. DATE SIGNED 5-6-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4-25-1959	
23c. NAME OF CEMETERY OR CREMATORY Union Cem.		23d. LOCATION (City, town, or county) (State) McDonald County Missouri	
24. FUNERAL DIRECTOR Humphrey & Son		25. DATE RECD. BY LOCAL REG. May 7, 1959	
ADDRESS Pineville, Mo.		26. REGISTRAR'S SIGNATURE Mary A. Bradley	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John M. Humphrey Jr.

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If not embalmed, fact should be so stated above.